

2020 Health Promotion Program | Benefit Plan Option

\$1,900/\$3,800 HMO: Active Employees and Retirees Under Age 65	
Lifetime Maximum	Unlimited
Deductible	\$1,900 Single / \$3,800 Family
Health Reimbursement Account (City Funded Deductible-deductible reimbursement amount is based on employee/spouse participation in wellness program)	\$1,650 Single / \$3,300 Family
Wellness Package	Refer to Assumption section for details (page 2)
Coinsurance	100%
Coinsurance Out-of-Pocket Limit	N/A
Maximum Out-of-Pocket Limit (includes deductible, coinsurance and copays)	\$2,900 Single / \$5,800 Family
Emergency Room (waived if admitted)	100% after \$250 copay
Ambulance	100% after deductible
Surgical Services	100% after deductible
Office Visits: Primary Care	100% after \$30 copay
Office Visits: Chiropractic	100% after \$30 copay
Office Visits: Obstetrics	100% after \$30 copay- limited to 1 copay
Office Visits: Gynecology	100% after \$30 copay
Physical, Speech, Occupational Therapy	100% after \$30 copay
Office Visits: Preventive Care	100%
Office Visits: Specialist Care	100% after \$30 copay
Office Visits: Urgent Care	100% after \$50 copay
Teladoc	100%
Immunizations	100%
Lab & X-Ray (in clinic setting)	100%
Optical Exams	100%
Home Health Care	100% after \$30 copay
Hospice Care	100% after deductible
Oral Surgery	100% after deductible
Organ Transplant Service	100% after deductible
Kidney Disease Treatment	100% after deductible
Hospital Inpatient Services	100% after deductible
Scheduled Surgical Services (performed in hospital inpatient/outpatient or surgery center)	100% after \$250 copay and deductible (copay waived with Health Management consult prior to event)
Hospital Outpatient - Diagnostic Services (except for imaging services described below)	100% after deductible
Non-Inpatient Imaging Services	100% after \$100 copay (maximum 2 copays per visit) Including the following: MRAs, MRIs, PET Scans, CAT Scans, CTAs Additional cost varies based on provider selected See imaging addendum for details
Skilled Nursing Facilities/Services (30 day limit)	100% after deductible
Mental Health/AODA	100%
Prescription Drugs (limited to a 31-day supply per drug/refill 90-day supply if the drug is on the maintenance list)	\$5 Preferred Generic/\$35 Preferred Brand 50% Non-Preferred/Non-Formulary Drugs to a maximum of \$80 per fill Insulin, syringes, test strips for treatment of diabetes paid at 100%
Durable Medical Equipment (including insulin pumps, continuous glucose monitors and related supplies)	100% after \$30 copay and deductible
Prosthetics	100% after \$30 copay and deductible
TMJ Services (non-surgical max \$1,250)	
Office Visits	100% after \$30 copay
Appliances & Therapy	100% after deductible
Dependency Criteria	To age 26; end of month
Network*	Standard GHC Network
* Provider Network Note: Mayo Clinic, St. Mary's and Methodist Hospital in Rochester, Minnesota are available to GHC members only after receiving a prior authorization by their local provider and the health plan.	